

Personnel Claims Office
Naval Legal Service Office SW
3085 Dolphin Alley, Bldg. 265
San Diego, CA 92136-5187
DSN: 526-7271, ext. 200/201
TEL: (619) 556-7271, ext.200/201



How to File a Claim for Unaccompanied Baggage and Household goods Damage

1. How to File a Claim: Your claim must be received within two years from the date of delivery of your property. However, you MUST submit your completed 1840R to any military claims office within 70 days of delivery of your property or you will not be paid for any damages not noted at the time your household goods were delivered. You must file a separate claim for each type of shipment (household goods or unaccompanied baggage). NLSO SW personnel can assist you and answer your questions about preparing your claim. Please retain a copy of all documents you submit to this Command for your own records. Your claim will be adjudicated once all the required documents are presented to this command.

Required Documents

_____ Copy of claimant's power-of-attorney (if someone other than the service member is submitting the claim)

_____ DD Form 1842 (Claim for Loss of or Damage to Personal Property incident to Service)

_____ DD Form 1840/1840R (Statement of Loss or Damage)

_____ Carrier Provided Inventory (carbon copy)

_____ Government Bill of Lading (GBL)

----- PCS Orders

_____ Electrical/Electronic Repair Form

_____ Insurance Statement

_____ Supporting Documents (including repair estimates, paid bills, original purchase receipts, photos etc.)

_____ Electronic Payment Form

Caution: Do not dispose of damaged property until the Government or the carrier has authorized you to do so. This gives the Government or the carrier the opportunity to inspect the damaged items. You may dispose of items that pose a danger to your health or safety like moldy mattresses or broken mirrors, except for figurines or crystal with a per item value of more than \$50.00. When in doubt contact the NLSO.

2. Increased Released Valuation or Full Replacement Coverage: If you elected or paid for either of these types of insurance coverage, you must first pursue your claim with the moving company. If they do not respond to your claim within thirty (30) days or if their offer to settle is unacceptable you may then submit your claim to the Navy. If you receive a settlement check from the moving company and you find their offer unacceptable, return the check to the sender with a letter explaining why you have not accepted their offer. This must be done prior to submitting your claim to the NLSO. Remember you only have two years from the date of delivery to file a claim with the NLSO.

3. DD Form 1840/1840R (Joint Statement of Loss or Damage at Delivery): The DD Form 1840/1840R is not your claim. You must submit your claim using the DD Form 1842 (see para 8). The DD Form 1840/1840R notifies the carrier of your damaged and/or lost items. You are required to list visible loss or damage at the time of delivery on the DD Form 1840 (front side). The DD Form 1840R (reverse side) is used to report later discovered damage. The DD Form 1840R must be completed by you and turned into the nearest military claims office within 70 days from the date your property was delivered. If you do not complete and turn in the DD Form 1840R within 70 days, you will not receive payment for any damages not noted on the DD Form 1840 at the time of delivery. Please ensure that your DD Form 1840R is legible and lists all the loss and damage when you turn it into the claims office.

4. Repair Estimates: Estimates, bills and invoices must be itemized. The estimate must list the damage to each item, the repair to be done, and the cost of the repair including labor, materials, tax and estimate fee. Only estimates from qualified repair facilities will be accepted. In most cases, you will be compensated for the cost of nonrefundable estimates.

Repair estimates for damage to electrical appliances are required. When there are no signs of external damage to an item which is not working property, you must provide an estimate of repair that states the internal damage was the result of improper handling in transit. Please have the repair firm use the attached Electrical/Electronic Repair Form when preparing your estimate.

A written estimate or itemized bill from a qualified repair facility is required to substantiate damages of \$100.00 or more per item. If an item is not considered economically repairable (the cost of the repair exceeds the current value of the item), you must provide verification from a qualified repair facility. In addition, you must substantiate the replacement cost for the item. Claims examiners may request that you bring items which were seriously damaged into the office for viewing if a photograph of the item was not submitted with your claim.

5. Replacement Costs: Generally, reasonable personal estimates for replacement costs up to \$100.00 per item will be accepted. A replacement cost of more than \$100.00 requires either a written statement from a qualified retail facility, or a copy of a current catalog page on which the same or substantially similar item is described and priced. Please note that the implementing regulations define an antique as any item over 100 years old. A claimant must provide substantiation from a qualified antique dealer for those items labeled as antiques. Stating an item is a family heirloom is not sufficient.

6. Disposal of Damaged Property: Do not dispose of any damaged or destroyed items except items that are a safety hazard, like moldy mattresses or broken glass, (other than crystal or figurines with a per item value in excess of \$50.00), until you have called the claims office and confirmed the items need not be held for salvage by the carrier. If you are paid the actual value (depreciated replacement cost) of an item, it will belong to either the carrier or the Navy. The carrier has salvage rights and will pick up the item at your home or other agreed place. If you want to keep the item instead of turning it in, please let the claims office know when you file your claim. In that case, a salvage deduction may be taken from your payment which will allow you to keep the item. The length of time the carrier has for pickup varies, so it is advisable to call the NLSO to find out how long you must wait before disposing of salvageable items. You must cooperate with the carrier during the salvage process or you may have to return the payment you received for that item.

7. Completing DD Forms 1842 and 1844: Please refer to the attached samples of DD Forms 1842 and 1844 before completing your claim.

DD Form 1842

You must enter the total dollar amount of your claim on DD Form 1842 (Block 9). Claims personnel cannot do that for you. Ensure that the DD Form 1842 has been signed and dated (in ink) by the claimant and his/her legal representative. Only the military member is a permissible claimant under the Personnel Claims Act. When an agent or legal representative presents a claim, written evidence of such authority (power of attorney) is required.

DD Form 1844

Describe each item by size, make, model, brand name and features. State what the furniture items are made of (oak, pressed wood, plastic etc.). It is important that you enter the purchase price, the month and year of purchases, and the inventory number for each item.

Describe the exact nature of the damage to each item. Be specific in listing the type, location, and size of the damages. Do not merely write “damaged” or “broken”. Damages and losses claimed on the DD Form 12844 must conform to those listed on the DD Form 1840/1840R and on the repair estimate, if any.

Do not combine furniture items on a single line. Combine other household goods on a line only if the items are part of a set (such as glasses or dishes) or are identical and were purchased at the same time.

Evidence that proves the ownership, age, and value of items may be required. Substantiation may consist of original receipts or canceled checks, owner’s manuals, photographs, a videotape or other credible evidence. If your claim is filed without adequate substantiation, you may not receive the maximum permissible compensation or your claim may be denied.

8. Settlement of your claim: After your claim has been adjudicated, you will receive a letter from the NLSO explaining your settlement. If a payment was authorized, you will receive payment shortly from DFAS by check or electronic transfer. If you disagree with the adjudication of your claim, you have six months from the settlement date of your claim to request reconsideration. All requests for reconsideration must be in writing and should specifically address the reasons you believe additional payment is warranted.

DEAR CLAIMANT:

IN ORDER TO PROCESS YOUR CLAIM, THE FOLLOWING DOCUMENTATION IS REQUIRED. IF THESE DOCUMENTS ARE NOT PROVIDED UPON SUBMITTING YOUR CLAIM, IT MAY DRASTICALLY AFFECT THE COMPENSATION YOU ARE REQUESTING. IN COME CASES IT MAY EVEN RESULT IN THE DENIAL OF YOUR CLAIM.

* COMPLETED DD FORMS 1840, 1840R PAPER WORK

* REPLACEMENT COSTS FOR ITEMS/PROOF OF REPLACEMENT COSTS

* "EXAMPLE" ADS, ONLINE STORES

* REPAIR ESTIMATES

* PURCHASE DATES OF ITEMS LISTED

* RECEIPTS/PROOF OF OWNERSHIP

* PICTURES OF DAMAGED ITEMS

* REMEMBER, THE MORE INFORMATION YOU PROVIDE US, THE BETTER WE CAN ASSIST YOU IN RECEIVING COMPENSATION FOR YOUR PROPERTY.

ELECTRICAL/ELECTRONIC REPAIR FORM

The Personnel Claims Office must determine whether damage to an item was caused by the item being dropped or mishandled in shipment, or whether damage was due to fair wear and tear or a manufacturer's defect. The repair company must complete this form.

Firm name & address & Telephone Number:

Owner's name:

Item examined:

(make) (model) (age)

1. There (was) (was not) external damage to the item: (explain)

2. I (was) (was not) able to determine the cause of the damage. To the best of my knowledge and belief, the damage was caused by:

3. I came to this conclusion because:

4. I estimate the cost of repairing this damage is:

(parts): _____ \$ _____

(parts): _____ \$ _____

(parts): _____ \$ _____

Subtotal for replacement parts: _____ \$ _____

Cleaning or other servicing charges: _____ \$ _____

Labor: \$ _____ Tax: \$ _____

TOTAL: \$ _____

Print name: _____ Date: _____

Signature: _____

Please keep a copy for firm/company records

CLAIM FOR LOSS OF OR DAMAGE TO PERSONAL PROPERTY INCIDENT TO SERVICE

PART I - TO BE COMPLETED BY CLAIMANT (See reverse side for Privacy Act Statement and Instructions.)

1. NAME OF CLAIMANT (Last, First, Middle Initial)	2. BRANCH OF SERVICE	3. RANK OR GRADE	4. SOCIAL SECURITY NUMBER				
5. HOME ADDRESS (Street, City, State and Zip Code)		6. CURRENT MILITARY DUTY ADDRESS (if applicable) (Street, City, State and Zip Code)					
7. HOME TELEPHONE NO. (Include area code)	8. DUTY TELEPHONE NO. (Include area code)	9. AMOUNT CLAIMED					
10. CIRCUMSTANCES OF LOSS OR DAMAGE (Explain in detail. Include date, place, and all relevant facts. Use additional sheets if necessary.)							
11. DID YOU HAVE PRIVATE INSURANCE COVERING YOUR PROPERTY? (E.g., say "Yes" on a shipment or quarters claim if you had transit, renter's or homeowner's insurance; say "Yes" on a vehicle claim if you had vehicle insurance. Attach a copy of your policy.)			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">YES</th> <th style="width: 50%;">NO</th> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>	YES	NO		
YES	NO						
12. HAVE YOU MADE A CLAIM AGAINST YOUR PRIVATE INSURER? (If "Yes," attach a copy of your correspondence. If you have insurance covering your loss, you must submit a demand before you submit a claim against the Government.)			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">YES</th> <th style="width: 50%;">NO</th> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>	YES	NO		
YES	NO						
13. HAS A CARRIER OR WAREHOUSE FIRM INVOLVED PAID YOU OR REPAIRED ANY OF YOUR PROPERTY? (If "Yes," attach a copy of your correspondence with the carrier of warehouse firm.)			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">YES</th> <th style="width: 50%;">NO</th> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>	YES	NO		
YES	NO						
14. DID ANY OF THE CLAIMED ITEMS BELONG TO THE GOVERNMENT OR TO SOMEONE OTHER THAN YOU OR YOUR FAMILY MEMBER? (If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">YES</th> <th style="width: 50%;">NO</th> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>	YES	NO		
YES	NO						
15. WERE ANY OF THE CLAIMED ITEMS ACQUIRED OR HELD FOR SALE, OR ACQUIRED OR USED IN A PRIVATE PROFESSION OR BUSINESS? (If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">YES</th> <th style="width: 50%;">NO</th> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>	YES	NO		
YES	NO						
16. UNDER PENALTY OF LAW, I DECLARE THE FOLLOWING AS PART OF SUBMITTING MY CLAIM: If any missing items for which I am claiming are recovered, I will notify the office paying this claim. (For shipment claims.) Missing items were packed by the carrier; they were owned prior to shipment but not delivered at destination; after my property was packed, I/my agent checked all rooms in my dwelling to make sure nothing was left behind. I assign to the United States any right or interest I have against a carrier, insurer, or other person for the incident for which I am claiming; authorize my insurance company to release information concerning my insurance coverage. I authorize the United States to withhold from my pay or accounts for any payments made to me by a carrier, insurer, or other person to the extent I am paid on this claim, and for any payment made on this claim in reliance on information which is determined to be incorrect or untrue. I have not made any other claim against the United States for the incident for which I am claiming. I understand that if any information I provide as part of my claim is false, I can be prosecuted.							
17. SIGNATURE OF CLAIMANT (or designated agent)			18. DATE SIGNED (MMDDYY)				

PART II - CLAIMS APPROVAL (To be completed by Claims Office)

19. PROCEDURE (X one)	20. AMOUNT AWARDED. The claim is cognizable and meritorious under 31 U.S.C. 3721; the claimant is a proper claimant; the property is reasonable and useful; the loss has been verified in accordance with applicable procedures as prescribed by the controlling departmental regulation; and the following award is substantiated:						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">a. SMALL CLAIMS</td> <td style="width: 50%;"></td> </tr> <tr> <td>b. REGULAR CLAIMS</td> <td></td> </tr> </table>	a. SMALL CLAIMS		b. REGULAR CLAIMS		\$		
a. SMALL CLAIMS							
b. REGULAR CLAIMS							
21. SIGNATURES (Signatures at a and c not required if small claims procedure is utilized.)							
a. CLAIMS EXAMINER	b. DATE SIGNED (MMDDYY)	c. REVIEWING AUTHORITY	d. DATE SIGNED (MMDDYY)				
e. TYPED NAME AND GRADE OF APPROVING AUTHORITY		f. SIGNATURE OF APPROVING AUTHORITY	g. DATE SIGNED (MMDDYY)				

Privacy Act Statement

AUTHORITY: 31 U.S.C. 3721, and EO 9397, November 1943 (SSN).

PRINCIPAL PURPOSE: Filing, investigation, processing and settlement of claims for losses incident to service.

ROUTINE USES:

- a. Information is principally used to provide a legal basis for the administrative payment of claims against the Government. Information is also used in connection with:
 - (1) Recovery from common carriers, warehouse firms, insurers and other third parties.
 - (2) Collection from claimants of improper payments or overpayments.
 - (3) Investigation of possible fraudulent claims.
 - (4) Possible criminal prosecution by the Department of Justice or other agencies if fraud is established.
- b. Social Security Numbers are used to assure correct identification of claimants in order to assure payment to

DISCLOSURE: Voluntary, however, failure to supply information will cause delay in settlement and may result in denial of a portion or all of the claim.

INSTRUCTIONS TO CLAIMANTS

1. You must submit your claim in writing within two years of the date of the incident giving rise to the claim. This two year time limitation may not be waived.

2. The claimant or an authorized agent must complete and sign Part I of this form, answering all questions. If the claim is signed by an agent (*such as spouse*) or a survivor of a deceased proper claimant, that person must have a document showing his or her authority to present the claim, such as a power of attorney, etc.

3. If the claim is for property lost or damaged while being shipped or stored pursuant to travel orders, submit copies of your orders and all shipping documents, including your inventory and your "Joint Statement of Loss or Damage at Delivery/Notice of Loss or Damage," DD Forms 1840/1840R. If you notice damage after delivery, you must complete the DD Form 1840R and get it to the Claims Office within 70 days after delivery.

4. You may obtain further information from a Claims Office.

5. You are entitled to claim the following:

a. Reasonable local repair cost, if an item can be economically repaired. (*You may claim small amounts without an estimate. Otherwise, submit an estimate of repair from a repair firm or, if repairs have been completed, your receipt. The claims office may waive this in appropriate cases.*)

b. Reasonable local replacement cost if an item is missing, destroyed, or not economic to repair. (*Replacement costs may be obtained from commercial catalogs or a military exchange. If you cannot find the item in a catalog or the exchange and the cost is more than \$100.00, obtain a statement from a commercial firm for the cost of a similar item. If you have purchase receipts, bring these to the Claims Office as well.*)

c. Reasonable cost of obtaining local estimates of repair, if the cost of such estimates will not be credited if repair work is done. (*Normally, you may not claim appraisal fees.*)

PART III - DENIAL OR SUPPLEMENTAL PAYMENT (*To be completed by Claims Office*)

23. DENIAL (*X if applicable*)

The claim is not cognizable or meritorious under 31 U.S.C. 3721 and the applicable provisions of the controlling departmental regulation, and is denied.

24. SUPPLEMENTAL PAYMENT (*X and complete if applicable*)

The claim is cognizable or meritorious under 31 U.S.C. 3721, and the following additional award is substantiated:

\$

25. SIGNATURES

a. CLAIMS EXAMINER

b. DATE SIGNED
(MMDDYY)

c. REVIEWING AUTHORITY

d. DATE SIGNED
(MMDDYY)

26. APPROVING / SETTLEMENT AUTHORITY (*Settlement Authority is required for denial.*)

a. TYPED NAME AND GRADE

b. SIGNATURE

c. DATE SIGNED
(MMDDYY)

1. NAME OF CLAIMANT (Last, First, Middle Initial)				3. PICK-UP DATE (YYYYMMDD)		LIST OF PROPERTY AND CLAIMS ANALYSIS CHART (Items 14 through 31 to be filled out by Claims Office)											
2. CLAIMANT'S INSURANCE COMPANY (If applicable)				4. DELIVERY DATE (YYYYMMDD)		14. ORIGIN CONTRACTOR		17. 2ND CONTRACTOR		21. CLAIM NUMBER		22. NET WT/MAX CAR					
a. NAME				b. POLICY NO.													
5.	6.	7. LOST OR DAMAGED ITEMS		8.	9. ORIGINAL COST	11. AMOUNT CLAIMED a. Repair Cost (or) b. Replacement Cost		15. INVENTORY DATE (YYYYMMDD)		18. EXCEPTION SHEET DATE (YYYYMMDD)		23. GBL NUMBER		24. LOT NUMBER			
LINE NO.	QTY	(Describe the item fully, including brand name, model and size. List the nature and extent of damage. If missing, state "MISSING.")		INV NO.	10. MM/YYYY PURCHASED			16. EXCEPTIONS		19. INV NO.	20. EXCEPTIONS	25. AMOUNT ALLOWED	26. ADJUDICATOR'S REMARKS	27. ITEM WT	28. HOUSE LIABILITY	29. CARRIER LIABILITY	
12. REMARKS				13. TOTAL		\$				30. TOTAL AMOUNT ALLOWED		\$		31. THIRD PARTY LIABILITY		\$	

1. NAME OF CLAIMANT (Last, First, Middle Initial)				3. PICK-UP DATE (YYYYMMDD)		LIST OF PROPERTY AND CLAIMS ANALYSIS CHART (Items 14 through 31 to be filled out by Claims Office)											
2. CLAIMANT'S INSURANCE COMPANY (If applicable)				4. DELIVERY DATE (YYYYMMDD)		14. ORIGIN CONTRACTOR		17. 2ND CONTRACTOR		21. CLAIM NUMBER		22. NET WT/MAX CAR					
a. NAME				b. POLICY NO.													
5.	6.	7. LOST OR DAMAGED ITEMS		8.	9. ORIGINAL COST	11. AMOUNT CLAIMED a. Repair Cost (or) b. Replacement Cost		15. INVENTORY DATE (YYYYMMDD)		18. EXCEPTION SHEET DATE (YYYYMMDD)		23. GBL NUMBER		24. LOT NUMBER			
LINE NO.	QTY	(Describe the item fully, including brand name, model and size. List the nature and extent of damage. If missing, state "MISSING.")		INV NO.	10. MM/YYYY PURCHASED			16. EXCEPTIONS		19. INV NO.	20. EXCEPTIONS	25. AMOUNT ALLOWED	26. ADJUDICATOR'S REMARKS	27. ITEM WT	28. HOUSE LIABILITY	29. CARRIER LIABILITY	
12. REMARKS				13. TOTAL		\$				30. TOTAL AMOUNT ALLOWED		\$		31. THIRD PARTY LIABILITY		\$	